/	61	P	Ē
	nec.		

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT & CONTROL OMB control to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control.

REVOCATION OF POWER OF

## ATTORNEY OR AUTHORIZATION OF AGENT

0 16	spond to a collection of infor	lation come
1	Application Number Filling Date First Named Inventor Group Art Unit Examiner Name Attorney Docket Number	09/225,499 1/6/1999 Roger M. Loria Not Yet Assigned Not Yet Assigned L-015
	Attorney Docket Hamilton	the above identified

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-ide

application:

A Power of Attorney or Authorization of Agent is submitted herewith.

OR

 $\boldsymbol{X}$  Please change the correspondence address for the above-identified application to:

Place Customer

Customer Number Number Bar Code

Label here

Customer P	Number Mamber 22.		
Individual Name  Address	Parker and DeStefano 300 Preston Avenue Suite 300 Charlottesville USA 434-817-6606	State Fax	Virginia ZIP 22902 434-817-6606

I am the:

(X) Applicant/Inventor.

( ) Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96)

Statement under 37 CFR 3.73(b) is enclosed:  SIGNATURE of Applicant or Assignee of Record				
	SIGNATURE of Applicant of Access			
	Roger M. Loria Dr Roger in lorde			
D ate	Dec 20 200 V  All the inventors or sections of record of the entire interset or their representativals) are required. Submit multiple  all the inventors or sections and out-			

Utual of forms are summated.

arden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any minutes to the area of the statement of the summaries of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, and the summaries of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, Arguer Statement, The summaries of the sum